

1.) CORPORATION NAME:

**Health Net Life Insurance Company**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1641341**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21281 BURBANK BLVD B3

CITY/ST/ZIP: WOODLAND HILLS, CA 91367-6607

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: STEVEN SELL TITLE: PRESIDENT ADDRESS: 21650 OXNARD ST CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROUPEN BERBERIAN TITLE: VP/CFO/TREAS ADDRESS: 21281 BURBANK BLVD B3 CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN D SICKLE TITLE: SECRETARY ADDRESS: 21650 OXNARD BLVD CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PATRICIA CLAREY TITLE: DIRECTOR ADDRESS: 21650 OXNARD STREET CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Larry Tallman TITLE: DIRECTOR ADDRESS: 21650 OXNARD STREET CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Steven Tough TITLE: DIRECTOR ADDRESS: 21281 BURBANK BLVD CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Scott Law	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21650 Oxnard Street		
CITY/ST/ZIP/CO:	Woodland Hills, CA 91367		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEVEN D SICKLE	STEVEN D SICKLE, SECRETARY	8/14/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.